| MAXIMUM BENEFIT | |
|---|---|
| Calendar Year | $1,500 per person  Combination of in and out of network |
| Orthodontic Lifetime | $1,000 per person   Combination of in and out of network |
| TMJ Lifetime | $ 800 per person  Combination of in and out of network |

| CALENDAR YEAR DEDUCTIBLE | |
|---|---|
| Applies to Basic and Major only if PPO dentist is used. | Individual Deductible- $ 50.00 Combination of in and out-of-network |
| Applies to Preventive, Diagnostic, Basic and  Major Services if a Non-PPO dentist is used. | Family Deductible -    $150.00 Combination of in and out-of-network |

| WHO CAN BE COVERED | |
|---|---|
| | Employee, Spouse and Dependent Children to age 26.  Orthodontics to age 19 only. |

| *PPO Dentist | *PREMIER Dentist | **NON-PAR Dentist | COVERED SERVICES | BENEFIT INFORMATION (subject to Delta Dental guidelines) |
|---|---|---|---|---|
| **PREVENTIVE AND DIAGNOSTIC SERVICES** | | | | |
| 100% | 80% | 80% | Oral Evaluation | Limited to 2 evaluations in a 12 month period |
| | | | Bitewing X-rays | Limited to 2 sets in a 12 month period |
| | | | Full Mouth X-rays or Panoramic | Limited to 1 in a 36 month period |
| | | | Routine Cleaning | Limited to 2 cleanings in a 12 month period |
| | | | Fluoride Treatments | Limited to 1 treatment in a 12 month period- to age 16 |
| | | | Space Maintainers | For posterior primary teeth- to age 14 |
| | | | Sealants | 1 per tooth in 36 months- to age 15 on unrestored molars |
| **BASIC  SERVICES**  (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions) | | | | |
| 80% | 50% | 50% | Amalgam, Resin or Composite Fillings | Benefits on the same surface limited to 1 in 12 months |
| | | | Oral Surgery (Extractions) | |
| | | | General Anesthesia | Benefit with covered Oral Surgery only |
| | | | Surgical Periodontal (gums) | Benefit once every 36 months |
| | | | Root Canal Therapy | |
| **MAJOR SERVICES**     (Crowns, Bridges, Partials, Dentures) | | | | |
| 50% | 50% | 50% | Crowns | Benefit 1 in 60 months on same tooth- not a benefit under age 12 |
| | | | Dentures, Partials, Bridges | Benefit 1 in 60 months- not a benefit under age 16 |
| **ORTHODONTICS** (Braces) | | | | |
| 50% | 50% | 50% | | Complete Orthodontic Evaluation.  Active Orthodontic Treatment. For dependents to age 19 only. |
| **TMJ**  (Temporomandibular Joint/ Myofacial Pain Dysfunction | | | | |
| 80% | 50% | 50% | | Includes diagnosis, occlusal adjustment, orthotic applicant and orthognathic surgery for treatment of the temporomandibular joint. |

**\*PPO Dentist-** The PPO percentage of benefits is based on the PPO Schedule of Allowance.
**\*\*Premier Dentist**- The PREMIER percentage of benefits is limited to the Maximum Plan Allowance.
**\*\*Non-participating Dentist-** The non-participating percentage of benefits is limited to the out of network maximum.  <u>You will be responsible for the difference between the non-participating plan allowance and the full fee charged by the dentist.</u>

<u>Group has Annual Open Enrollment</u>     To Find a Dentist- <u>www.deltadentalco.com</u>   Customer Service Phone # is 800 610-0201

*Important Note: This form provides only a brief description of services covered under your contract and does not list those services which are limited or excluded from coverage.  Your Employee Benefit Booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this Summary of Benefits and your Employee Benefit Booklet, the Benefit Booklet will govern.*